

POSITION DESCRIPTION**Part I: POSITION INFORMATION**

Read each heading carefully before proceeding. Make statements simple, brief, and complete. **Be certain the form is signed.** Send the original to Human Resources. Supervisors and incumbents are responsible for completion of this form.

Classified	Regular	Full-Time	Existing	100%	Other %
Position Number: K0053943		Current Class Title: Senior Administrative Assistant		For Use by Human Resources Allocation: Sr Admin Assistant Effective Date: 5/20/2008 FLSA Status: Nonexempt Approved By: Patti Woodcock Pay Grade: 15	
Employee Name: Linda Goodell		Proposed Class Title: (reallocations or new positions only)			
Direct	Name: Marc Shiff	Position Number: K0047427			
Supervisor	Title: Public Service Executive II				
Location:	Topeka/Shawnee	Other Location:	8:00am - 5:00pm	Other Hours:	
Division:	Division of Health, Bureau of Family Health			Budget Program Number:	65110

Part II: ORGANIZATIONAL INFORMATION

1. If this is a request to reallocate the position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

--

2. How much latitude is allowed incumbent in completing work? Some

3. What kinds of instructions, methods and guidelines are given to the incumbent in this position to help do the work?

This position will function under the general guidelines and instructions of the supervisor.

--

4. Which statement best describes the results of error in action or decision of this incumbent?

Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.

5. Describe the work of this position. Use the following format for describing the duties: What is the action being done (use action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result or outcome expected); how is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed).

Number Each Task, Indicate Percent of Time and Identify each function as Essential or Marginal by placing an "E" or "M" next to the % of time for each task. No duty shall exceed 50% nor be less than 5%.

Essential functions are primary job duties for which the position was created and that an employee must be able to perform, with or without a reasonable accommodation.

Marginal functions are peripheral, incidental or minimal parts of the position.

Note: The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.

Number	Percent of Time	E or M	Description of Duties
1.	25%	E	Performs multiple tasks for the CSHCN program by providing clerical support for the Director of Services for CSHCN which may include, but is not limited to, assisting in the design, preparation and distribution of program documents, agendas, correspondence and materials. Responds to telephone inquiries by providing accurate information or referral to appropriate staff or agency, handles special correspondence thus relieving the director of the above details. Maintains a thorough knowledge of the CSHCN program and operations of the Bureau and agency in order to facilitate internal and external transactions.
2.	20%	E	Provides primary administrative support for the CSHCN section by providing technical and clerical support to professional staff in the Topeka office and contract staff in the CSHCN field offices. Responds to questions from CSHCN staff regarding computer status, equipment troubleshooting and word processing. Technical support with program database, copiers and other office equipment is provided orally, via computer or by manually working with equipment.
3.	25%	E	Enters medical and patient data on computer from intakes, applications and Medicaid Data Screens to insure accurate data information is accessible by the CSHCN offices in Topeka, Wichita, and Kansas City. Responsible for requesting daily assignments which include obtaining any additional information from parents/providers needed to complete the application process. Enters into the computer Authorization and Health Care Plans to be mailed to parents and providers for explanation and delivery of services to client(s) and reviews records for completeness during the process.
4.	10%	E	Establishes and maintains the filing system for the CSHCN provider registration system. Maintains the administrative files and agency policy and procedures manual for the CSHCN program.
5.	15%	E	Assembles new client cases by filing patient information in the charts for availability for use by co-workers, including billing staff. Pulling charts of old information. Provide Health Care Plans, Authorizations & Primary Care Physician Referrals to Medicaid contractors as identified in the interagency agreement. Handles special secretarial assignments as requested by the director. Completes other related duties as required by the CSHCN director.
6.	5%	M	Perform other duties as assigned including serving as a member of the KDHE Disaster Response Team as needed to assure the agency's public and environmental health response is adequately staffed during and immediately following natural and/or manmade disasters, infectious disease outbreaks, and/or acts of terrorism.

6. Click on the button if this position directly supervises agency employees:		<input type="radio"/> Supervisor <input checked="" type="radio"/> Non-Supervisor	
---	--	--	--

7. List the class titles and position numbers of all agency employees directly supervised by this position:			
Class Title	Position #	Class Title	Position #

8. For what purpose, with whom and how frequently are contacts made with the public, officials or other employees?			
<input type="checkbox"/> Local Government Officials <input type="checkbox"/> State Government Officials <input type="checkbox"/> Federal Government Officials <input type="checkbox"/> Community Contacts <input type="checkbox"/> Private Consultants <input type="checkbox"/> Owners <input type="checkbox"/> Operators <input type="checkbox"/> Legislature <input checked="" type="checkbox"/> KDHE Program Staff <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Daily Frequency: Frequency: Frequency:	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: carry out duties Purpose: Purpose: Purpose: </div> <div style="width: 45%; border-left: 1px solid black; padding-left: 5px;"> Other Purpose: </div> </div>

9. What hazards, risks or discomforts exist on the job or in the work environment?	
<input checked="" type="radio"/> Normal Office Environment <input type="radio"/> Other (please explain)	

10. Describe any methods, techniques or procedures that must be used to ensure safety for equipment, employees, clients and others. (Check all that apply.)	
<input type="checkbox"/> Standard industry health and safety protocol is used at sites to ensure the safety of all on-site personnel and the general public. <input type="checkbox"/> Contact with corrosive, toxic, ignitable, and/or reactive materials during fieldwork including hazardous or solid waste site visits, sampling activities, and related work may occur. <input type="checkbox"/> Pursuant to 29 CFR, Part 1910.120, employee will be required to successfully complete the 40-hour Hazardous Waste Site Operations training and the annual eight-hour update training. <input type="checkbox"/> Personal protective equipment is provided as necessary. <input type="checkbox"/> The use of electrical audiovisual equipment necessitates knowledge and safety measures while using and securing equipment cords to prevent self and others from electrical shock or trip/fall injuries. <input type="checkbox"/> Normal driving and road hazards may occur while traveling Kansas roads. <input checked="" type="checkbox"/> Use of proper lifting techniques is necessary when lifting and moving material, equipment, etc. <input checked="" type="checkbox"/> Requires the use of computer, copier, calculator, fax, and other electrical office machines. <input checked="" type="checkbox"/> Incumbent is encouraged to follow office safety practices to ensure safety for self and others in the office. <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	

11. Performance of the duties of this position could be reasonably anticipated to cause exposure to blood, blood products and/or other potentially infectious materials.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

12. Check all machines regularly used in the work of this position and indicate frequency with which they are used.				
Equipment: <input checked="" type="checkbox"/> Computer <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Fax machine <input checked="" type="checkbox"/> Scanner <input type="checkbox"/> Scientific equipment <input type="checkbox"/> Sampling equipment <input type="checkbox"/> Vehicle	Frequency Used: Daily Daily Daily Daily Occasionally Frequency: Frequency: Frequency:	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	Equipment: <input type="checkbox"/> Other (describe) <input type="checkbox"/> Other (describe) <input type="checkbox"/> Other (describe) <input type="checkbox"/> Other (describe)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Frequency Used: Frequency: Frequency: Frequency: Frequency: </div> <div style="width: 45%; border-left: 1px solid black; padding-left: 5px;"> Other: </div> </div>

Part III: EDUCATION, EXPERIENCE AND SAFETY INFORMATION

13. Minimum Requirements (MR) as stated in the State of Kansas Class Specification. **Note: Do not include substitution statement indicated on class specification. However, if substitution is desired, specifically describe substitution.**

One year experience in general office, clerical, and administrative support work.

14. Special Requirements: Additional qualifications for this position that are necessary to perform the Essential Functions of the position (i.e. license, registration or certification).

License's Required	<input type="checkbox"/> Valid Driver's License - Incumbent is required to have and maintain a valid driver's license when operating a state vehicle, a private vehicle, or a rental vehicle for the benefit of the State. <input type="checkbox"/> Professional Environmental Engineer - Incumbent is required to maintain a professional environmental engineer license while in the position. <input type="checkbox"/> Professional Geologist - Incumbent is required to maintain a professional geology license while in this position.
--------------------	---

Other License

15. Preferred education, experience or skills. **(These items will be used to screen applicants when recruiting to fill the position.)**

Preferred Education

- ☒ High School/GED
☐ Bachelors Degree
☐ Masters Degree
☐ Ph.D.
☐ M.D.
☐ Other
☐ Other
☐ Other
☐ Other

Degree Area

Preferred Skills

- ☒ Computer Skills
☐ Grammar
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other

Word, Excel, PowerPoint, Access

Proofreading, editing, attention to detail

Preferred Experience:

Knowledge of English usage, spelling and written communications. Principles of office management and the ability to apply these principles to office operations. Ability to analyze, make recommendations for improvements and implement policies and procedures. The ability to establish and maintain effective working relationships with other employees and the general public.

Part IV: SIGNATURES

Signature of Employee

Date

Signature of Human Resources Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date